

Instructions for Application

1. Complete this application to submit your request for assistance and fill in all information unless it does not apply. A fully completed application will provide a clear and complete description of your needs. Insufficient/incomplete information/documents will prevent application to be processed.

Required items for application:

- 1. Copy of **DD 214**: Honorable Discharge or General Discharge Under Honorable Conditions
- 2. Copy of Veteran's DE Driver's License/DE State ID: DE Resident Only (Please verify License/ID against the DD 214 & other documents/bills)
- 3. Copy of outstanding bills/invoices for payment (Letters needs to be backed-up by invoices, bills, leases, etc.)
- 4. Copies of last two pay stubs (Any income statements: Unemployment, VA disability, Social Security, etc.)
- 5. Copies of last two Savings and/or Checking account Statements
- 2. Funds are disbursed to the vendor or service provider and not directly to the applicant. Complete and accurate vendor / service provider information is required: name, address, contact information, and account number. Attach copies of the bill or account information with your application.
- 3. We understand your need may be time sensitive but due to application volume, we cannot provide an immediate response. Our executive committee will review your application and **you should allow 5-7 business days for processing.** The committee considers:
 - a. The applicant has an **EMERGENCY** financial need.
 - b. There are no other programs or agencies that can assist in this financial emergency.
- c. The funds will assist the veteran recover from the financial emergency; the veteran will sustain themselves independently; or through assistance from other support / benefits programs.
- 4. The availability of funds is a major consideration in approving your request. The Delaware Veterans Trust Fund is contingent on the generosity of others by way of donations and is <u>limited</u> by the balance of funds available at the time of your request.
- 5. If you have a Veterans Service Officer (VSO) as your representative, they can assist you with completion of your request. Otherwise, contact the main office at (800) 344-9900, or (302) 739-2792.
- 6. Deliver your completed application in person to the following location nearest you:
 - New Castle County- VSO (302) 365-8231
 2465 Chesapeake City Road, Bear, DE 19701
 - Kent County- DCVA Main Office (Contact information below)
 - Sussex County- VSO (302) 648-3068
 26669 Patriots Way, Millsboro, DE 19966



Please verify that you have contacted the following agencies prior to DVTF:

| Other Agency Assistance: | Date of contact | Not Eligible | Pending Reply | Enrolled with Agency |
|---|-----------------|-----------------|------------------|-------------------------|
| State Service Center: (302) 255-9675 | | | | |
| Catholic Charities: (302) 674-1600 | | | | |
| Veterans Multi-Service Center/SSVF: (888) 385-1250: In-Take (302) 505-0849: Paula Witcher | | | | |
| Outcome (describe services provided) | | | | |

| VI | ETERAN'S INFORMATION | HOUS | SEHOLD CO (SPOUSE | ONTRIBUTOR //Other) |
|-------------------|-------------------------------|--------------|----------------------|------------------------|
| Name | | Name | | , |
| Street Address | | Relationship | | |
| City | | Email | | |
| State / Zip | | Phone | | |
| Email | | | | |
| Phone | | | | |
| | Dependents | (name / age) | | |
| | | | | |
| | | | | |
| | | | | |
| | Employment Information | En | ployment l | Information |
| | | | | |
| H | Iousehold Income (Monthly) | Veter | ran | Spouse (Other) |
| Take hom | ne pay | | | |
| Unemploy | yment | | | |
| Social Sec | curity / SSI | | | |



| Child support | |
|------------------------------------|--|
| Pension | |
| Disability | |
| Other (SNAP, and other assistance) | |
| Total | |

| Liquid Assets | Veteran | Spouse (Other) |
|-------------------|---------|----------------|
| Cash | | |
| Checking accounts | | |
| Savings accounts | | |
| Other | | |
| Total | | |

| Expenses (Monthly) | Veteran | Spouse (Other) |
|----------------------------|---------|----------------|
| Rent / Mortgage | | |
| Electric | | |
| Gas | | |
| Water | | |
| Sewer / Trash | | |
| Lot rent | | |
| Child Care | | |
| Car payment | | |
| Car insurance | | |
| Medical | | |
| Credit card payments | | |
| Other | | |
| Other | | |
| Other | | |
| Total Expense | | |
| Total Income (from page 1) | | |
| Balance | | |



| | Descrip | tion of Request | |
|--|--|--|---|
| Amount(s) Requ | nested Purpose | Vendor (N | Jame / Account / Phone) |
| | | | |
| | | | |
| | | | |
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| Please give a sur | mmary explaining your request | for financial assistance fro | m the DVTF: |
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| What is your pla | n of action if application is app | proved? | |
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